

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SAN DIEGO
FAMILY COURT SERVICES

MEDIATION DATA SHEET**

Father's Name _____
Mother's Name _____
Superior Court No. _____
Mediation Date _____
Next Court Date _____

PLEASE COMPLETE ALL SECTIONS

Have you previously been to Family Court Services? ☐ YES ☐ NO

CIRCLE ONE Father/Mother/Grandparent/Other DATE OF BIRTH _____ BIRTH PLACE _____

NAME: _____ MAIDEN NAME: _____

IF OTHER: RELATIONSHIP TO CHILD OR CHILDREN: _____

SOCIAL SECURITY NO. _____ DRIVER'S LICENSE NO. _____
State _____

ADDRESS _____
No. and Street Apt. No. City State Zip

HOME PHONE _____ WORK PHONE _____ WORK SCHEDULE _____

ATTORNEY _____ PHONE _____

ADDRESS _____
No. and Street Suite No. City State Zip

CHILDREN'S ATTORNEY (if any) _____ PHONE _____

ADDRESS _____
No. and Street Suite No. City State Zip

Parents:
Date of Marriage _____ Date of Separation _____ If dissolution filed, when? _____
(or date began living together)

Minor Children:

	First	<u>Name</u> Middle	Last	Date of Birth	Place of Birth	Parent with whom residing
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____

**At your request your address and phone number will remain confidential.
Please check this box if you are making such request** ☐

(Turn over and complete the next two pages)

INFORMATION REGARDING THE CHILDREN:

MEDICAL AND DENTAL:

Child(ren's) Doctor's Name _____

Address _____ Phone _____

Medical/Dental Information to be discussed:

Educational:

Child	Name of School	Teacher/Counselor	Grade
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Is ☐ Child ☐ Father ☐ Mother in Counseling? ☐ Yes ☐ No

Counselor for: _____

Counselor for: _____

Counselor's Name _____

Counselor's Name _____

Address _____

Address _____

Phone _____

Phone _____

When did counseling begin? _____

When did counseling begin? _____

Child(ren's) Activities and Other Special Needs: (Such as special classes, team activities, transportation to and from these activities)

1. Are there allegations of verbal intimidation or threats? Yes ☐ No ☐

2. Has there been physical violence between the parents? Yes ☐ No ☐

If yes, how long ago? 0 - 6 mos. ☐ 6 mos. - 1 yr. ☐ 1 yr. or more ☐

3. Have there been allegations of abuse against the children? Yes ☐ No ☐

a. If yes, when: _____

b. Who made the allegations ? _____

c. Who was the alleged abuser? _____

d. Has Child Protective Services been involved? Yes ☐ No ☐

e. CPS worker's name and phone number _____

IF YOU ARE BEING PROTECTED BY A RESTRAINING ORDER OR IF YOU ALLEGE DOMESTIC VIOLENCE, YOU HAVE THE RIGHT TO BE SEEN SEPARATELY. If you desire to be seen separately, please advise Family Court Services Clerk when you check in.

With a counselor present, can you and the other parent work together on a parenting plan? Yes/No

Date: _____

Signature of Party Filling Out This Form

CASE NAME _____

CASE NUMBER _____

MEDIATION DATA SHEET ATTACHMENT

Which parent filed the current court action? _____

What is the action regarding? _____

Is there a Court Order regarding custody and visitation now? _____

When was it issued? _____

Briefly summarize it? _____

If there is no Court Order or a different schedule is being practiced, please summarize your current parenting schedule:

What parenting schedule would you like to have? _____

NO ATTACHMENTS PLEASE